

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	09781274	FILING DATE	09-17-01
APPLICANT(S)			

CLAIMS

1	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	2		2		4	
TOTAL DEP.	2	↔	2	↔	12	↔
TOTAL CLAIMS	9		9		16	

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
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100								
TOTAL IND.								
TOTAL DEP.		↔			↔			↔
TOTAL CLAIMS								